

# Breath Control: Is Epinephrine The "Smoking Gun"?, Jay Wiseman (1998)

I want to share a new thought that I've recently had on this topic. I haven't got much time just now, so this will be brief and preliminary, but I think I just may have a new insight on this matter.

There are five basic categories of people who get choked. (I'll skip suffocation play for now.)

People being criminally assaulted.

People being arrested by the cops.

Martial artists.

People doing erotic choking on their partner.

People doing erotic choking on themselves.

Most of the people in group # 5 seem to die because they pass out while the noose is still constricting their necks.

Let's set aside group number 4 for the moment, and look at groups 1, 2, and 3.

\_Lots\_ of documented deaths from even brief periods of strangulation in groups 1 and 2. \_No\_ reported deaths in group number 3. (Actually, one death in group 3, but even I will agree that one was due to a high dose of hubris.)

So what's the difference?

I don't believe that it's the technique, as is sometimes claimed. Indeed, I still think that the technique, even or perhaps especially when done properly, is a major contributing factor.

What is the essence of the difference between situations 1 and 2, and situation 3?

Try this thought out: Situations 1 and 2 are "real" while situation 3 is "play." A person being choked "for real" is likely to have a far different, and far stronger, fear/anger-type emotional response than a person in situation 3.

In particular, a person in a "real" situation such as 1 or 2 is likely to have a much stronger "flight or fight" response than a person in situation 3 -- and that means that they likely pump a lot more epinephrine (aka adrenalin) into their system.

Small doses of epinephrine strengthen the rate and force of cardiac contraction. Large doses of epinephrine also do the above, but also make the heart more susceptible to sudden, lethal arrhythmias such as ventricular fibrillation -- and greatly increase its need for oxygen. (This sudden dumping of a large amount of epinephrine onto the heart can and does occasionally stop it. It's a large part of the reason why someone occasionally "dies of fright.")

There are a large number of documented cases of someone dying suddenly from "merely" having a gun pointed at them or having a "real world" criminal assailant "merely" reach their hands towards the victim's neck. No physical contact at all was involved, yet the person went into cardiac arrest almost immediately. It seems to me that such deaths can quite reasonably be called "epinephrine deaths."

We know that a "proper" choke causes a substantial amount of vagal outflow onto the heart, slowing its rate and weakening its force. The question emerges: Is it plausible that the same amount of vagal outflow onto an "epinephrine-drenched" heart (assault/arrest situations) would cause that heart to be considerably more likely to flop over into ventricular fibrillation than a "non-epinephrine-drenched" heart (martial artists)? IMO, hell, yes! The relevant physiology and pharmacology strongly support such an assertion. Interestingly enough, \_IF\_ this line of reasoning is correct, then it would follow that SM-related "play" choking would be a relatively safe activity \_compared\_to\_ the more "real" chokings of actual arrests and criminal assaults.

I dunno yet what to make of this, and I certainly wouldn't want anyone to take this as my final word on the subject or as an endorsement of strangulation play. (Among other things, there are a number of other dangers that I haven't mentioned here.) As I said, these are preliminary musings, not carefully thought out statements. Still, on the question of why there is such a strong disparity in the deaths rates, little ol' Jay just may be on to something here.